



CITY OF MANCHESTER, NH

STATE OPIOID RESPONSE

Joyce Craig
Mayor

Background

The City of Manchester is the largest community in New Hampshire (NH), as well as northern New England. With a total population of 111,196 residents, Manchester represents 8.3% of the state's population.

For many years, the city of Manchester has borne the largest and most disproportionate burden of overdose fatalities in the state of New Hampshire. In 2015, the NH Department of Justice's Office of the Chief Medical Examiner reported the city of Manchester accounted for nearly a quarter of the fatal drug overdoses reported across New Hampshire despite being home to only 8% of the State's total population.

According to the New Hampshire Information and Analysis Center, 485 overdose deaths were recorded in New Hampshire in 2016, 106 of which occurred in the city. This trend only began to slow in 2017, when Manchester accounted for 17% of the overdose deaths (84 fatalities, 2 cases pending) in the state. This shift is not the result of a decrease in overdose events but rather a decrease in overdose fatalities.

These fatal overdose trends demonstrate Manchester's ongoing need for state resources on several fronts. Despite recent gains, the overdose death rate in the city remains disproportionately high. In addition, other health consequences of substance use, including sepsis, endocarditis, abscesses, liver disease, and HIV, are all on the rise in Manchester. Higher rates of violence and crime have also appeared concurrently with the opioid epidemic, and these trends have equally negative impacts on a variety of health outcomes.

In 2016, more than one in five of Manchester's children were living at or below 100% of the federal poverty level with over 7,000 school-aged youth enrolled in free/reduced meals. Close to 35,000 residents were living below the 200% of the poverty threshold; with the highest rates of poverty concentrated within the center city neighborhoods. Manchester is the most racially and ethnically diverse area in NH (welcoming on average 150-300 new Americans per year from all over the world) with an estimated 80 different languages spoken as first languages in the City's public schools. The social, ethnic, and linguistic diversity of Manchester's residents also indicate that greater resources are needed to serve the entire population equally and sufficiently.

Below are listed the most essential service needs of the city of Manchester, where leaders strive to preserve public health and human life in the face of the opioid epidemic. This list has been developed through numerous evidence-based processes, including the Integrated Delivery Network Community Needs Assessment, Substance Use Disorder Continuum of Care Development Plan, Neighborhood Health Improvement Strategy, and SAMHSA's published and peer reviewed Calculating Adequate Systems Tool. Stakeholders from healthcare, prevention, treatment and recovery have also contributed to this needs assessment, working together to identify priority strategies that will do the most good for the community. The organizations partnering in this effort include, Elliot Health Systems, Catholic Medical Center, Dartmouth-Hitchcock, Families in Transition-New Horizons, The Farnum Center, Granite Pathways, The Manchester Community Health Center, The Mental Health Center of Greater Manchester, The Granite United Way, The New Hampshire Charitable Foundation, Makin' It Happen, Network4Health and The City of Manchester.

Priority Areas to Address with SOR

1. Expand Medication Assisted Treatment (MAT)

Manchester seeks to implement a Hub and Spoke model of care, similar to that pioneered by Vermont¹, for ensuring the provision of MAT and for providing support to clinicians to ensure the quality of that care. Briefly, “hubs” serve as points of entry into the regional treatment system. Hospitals and emergency rooms (especially after an overdose reversal or medical treatment for injection-related diseases), residential programs, Department of Corrections, and community mental health programs can all help direct those in need to the hub programs. Hub staff assess patients’ medical and psychiatric needs at intake and determine the most appropriate treatment placement. If these evidence-based assessments indicate that a higher level of treatment is needed, a patient may remain at the hub clinic for a period of time. When a patient is prepared for a lower level of treatment, they may be transferred to the care of a regional clinic or a primary care physician near their place of residence. These decentralized providers are the “spokes.”

Patient transfers between hubs and spokes are bidirectional. First, hub-to-spoke transfers are a primary aim of the system. Once patients are determined to be stable on buprenorphine, they are assessed for potential referral to a spoke provider. If the patients have no primary care provider, they are linked with a medical home for ongoing health care and buprenorphine. As all hubs are staffed by a board-certified addiction specialist, spoke physicians can receive ongoing consultation on any questions regarding patients in their care. Return transfers of patients from the spoke physician to the hub are prioritized to ensure that providers feel supported and patients receive continuity of care.

The creation of a hub clinic in Manchester will serve New Hampshire residents in three ways: (1) it will ensure that state residents have access to the highest quality care available for substance use disorder; (2) it will increase the quality of care for substance use disorders in the rest of the state by providing clinical support to regional providers through technologies like telemedicine and remote training opportunities; and (3) it will therefore increase the treatment options available to New Hampshire residents across the state by encouraging greater participation in substance abuse treatment by existing providers.

Specifically, Manchester plans to organize a hub clinic with existing prescriptive authority to dispense buprenorphine by utilizing existing providers such as Elliot Health System, Catholic Medical Center, The Mental Health Center of Greater Manchester, Manchester Community Health Center, Healthcare for the Homeless, Dartmouth Hitchcock, Granite Pathways and other SUD and Primary Care providers.

2. Develop a collaborative program in Manchester to provide treatment for pregnant and parenting women and their families.

Between 2005 and 2015, the number of infants diagnosed with neonatal abstinence syndrome (NAS) in New Hampshire increased fivefold from 52 to 269. Over the past four years, Elliot Health Systems and Catholic Medical Center have welcomed 430 babies diagnosed with NAS in Manchester. 130 of these births were recorded in 2017 alone.

¹ http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Hub_and_Spoke_Evaluation_Brief_2018_1.pdf

The most significant challenge faced by these families is not NAS, which is manageable², but rather the risk of adverse childhood events (ACEs)³, which have life-long negative impacts. According to the recent landmark Kaiser study, an adult who experienced multiple ACE's as a child is not only at greater risk for substance abuse, but also numerous other health risks such as obesity, depression, heart disease, stroke, and cancer.

According to the National Perinatal Association⁴, substance use among women rarely begins during pregnancy, and most women who engage in substance use during a pregnancy qualify for a diagnosis of substance use disorder, a medical condition for which the gold standard of treatment during pregnancy is MAT with buprenorphine/naloxone. Once the child is born, families and children at risk of adverse events (due to substance use or the underlying traumas that lead to substance use) can significantly reduce their risk of negative outcomes through supportive mentoring and ongoing training in parenting skills.

The city of Manchester aims to work collaboratively with hospitals, maternal health clinics, and pediatricians to link families placed at risk by substance use and other ACEs with evidence-based interventions to reduce these risks and promote mental, social, and emotional wellbeing. Families will be provided with referrals to home visiting and services for families of newborns diagnosed with NAS, as well as treatment opportunities for parents engaging in substance use.

To accomplish these goals, health care institutions in Manchester need training and resources to increase the screening of pregnant women for substance use and other ACEs, educate care providers on the most effective ways to support families and reduce the risk of substance use, provide sufficient support to parents of children at risk for adverse outcomes, equip teachers and other mandated reporters to respond to the needs of these families, and expand access to childcare and other key resources known to reduce barriers to substance use treatment and other evidence-based services.

3. Expand Recovery Housing & Recovery Supports

In 2017 alone, the Manchester Safe Stations program welcomed 1,241 unique participants who came seeking help with substance use disorder. Of those, the vast majority were not stably housed. Though housing insecurity and substance use disorder do not always go hand in hand, the immense success of the Safe Stations program has demonstrated the profound need for increased housing support for those seeking help with substance use disorder.

Safe, supportive housing is a critical component for community members to achieve and maintain health. Lack of a stable, alcohol and drug free living environment can be a serious obstacle to sustained abstinence.⁵ By partnering with New Hampshire Housing Finance Authority (NHHFA), Manchester will work to assist housing providers to ensure that a safe, supportive environment is available for those in

² http://www.nationalperinatal.org/resources/Pictures/2018%20Conference/NAS_infographic.pdf

³ https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

⁴ http://www.nationalperinatal.org/resources/Documents/Position%20Papers/2017_Perinatal%20Substance%20Use_NPA%20Position%20Statement.pdf

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3057870/>

recovery who lack these resources. The city of Manchester aims to take an active role in growing the capacity of long-term recovery housing coupled with evidence-based recovery supports.

4. Evidence-based prevention saturating the community and school settings.

Manchester has a long history of looking upstream to address the drivers of poor child and adult health; the opioid epidemic is no different. At current, however, the city is experiencing the consequences of insufficient services for young people at risk.

Research tells us that Adverse Childhood Experiences (ACE) are a significant risk factor for substance use disorder. Each ACE increases the likeliness of early initiation of illicit drug use by 2 to 4 fold⁶ pointing to the importance of Early Child Development, Family Supports, access to Mental/Behavioral Health services and positive adult role models.

The most immediate priority is working with our schools, local youth agencies, and Certified Prevention specialists to generate a prevention plan to meet the unique needs of the school district and the rest of the Manchester community. Potential programs may include building off of the highly successful Community Schools model, expanding the Leader In Me social emotional learning and life skills program to reach additional ages, supporting the ongoing evidence-based near peer training through non-profit partner Makin' It Happen, continued support for Student Assistance Professionals and Life of an Athlete programs, implementing consistent and coordinated training for youth serving organization staff, expanding the public health model of universal screening using evidence-based Screening Brief Intervention and Referral to Treatment (SBIRT) and continuing to educate the community to reduce stigma, increase access to care and empower individuals to contribute to neighborhood health.

In Conclusion

The time is now.

Manchester has been recognized nationally for its innovative efforts to address substance use disorder and childhood trauma through efforts such as the Safe Station Program and the Adverse Childhood Experiences Response Team (ACERT) initiative. Manchester's Department of Public Health was awarded the Robert Wood Johnson Culture of Health Prize. The city is equipped with the skills and expertise needed to quell the tide of the opioid epidemic, provided the resources are available to accomplish this goal.

Manchester has the benefit of a health department that can provide support, data and coordination of many public health initiatives through the Neighborhood Health Improvement Strategy and Substance Use Disorder Continuum of Care Development Plan.

The advent of the 1115 Waiver has brought these issues to the front and provided some resources to support these efforts. There is a definitely synergy between the work of the IDN (Network4Health) and the work we could do with a model such as this.

⁶ <https://www.ncbi.nlm.nih.gov/pubmed/12612237>

Manchester School District is working to analyze opportunities to bring in resources to schools to support students.

Working in silos strains providers and puts consumers at risk. Manchester is presenting this plan with **thirteen** providers making an ask together for Manchester. Collaboration has been key to our successes and we have met to prioritize our city's needs. These partner organizations are not only at the table collaborating but are ready and willing to step up, work together and implement innovative solutions.

Manchester is in a unique position. There are funds being drawn into the state to support SUD programming, and we are the epicenter of need and of resources in prevention, treatment and recovery in New Hampshire. Manchester must receive its fair share of funding to support those seeking care within the city including more than half of clients accessing Safe Station who are from outside our city. Investing in Manchester means better outcomes for the entire state.